 **Request for Internal Research Funds (IRF)**

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| **Name of Faculty Member/Researcher:** |  | |
| **Department:** |  | |
| **McMaster Email Address:** |  | |
| **Employee ID:** |  | |
| **Source of Funding:**  *(e.g., Department, Dean, etc.)* |  | |
| **Are Certifications or Approvals required?:** | No  Yes  **If yes,** specify type(s) and attach approval documents: | |
| Human Subjects | License for Research in the Field |
| Animal Subjects | Controlled Goods/Technology |
| Biohazards | Other: |
| Health Physics |
| **Reporting Requirements:**  *(please check all that apply)* | No Reporting Required  Financial  Scientific/Progress | |
| **Eligible Expenses:** | Only Direct Costs of Research are eligible, in accordance with McMaster Policies  If there are any restrictions, please specify: | |
| **For Amendments Only, complete sections below** | **For New Projects Only, complete sections below** | |
| **Provide existing Project ID #**: | **Title:** e.g. McMaster Start-Up / Discretionary | |
| **Amount of additional funding:** | **Amount of Grant:**  *(e.g. $5,000 annually for 3 yrs; onetime $2,000, etc.)* | |
| **Revised End Date (if applicable):**  *Unless otherwise specified, the end date will be 2050* | **Start Date:**  *Unless otherwise specified, the start date will be immediately* | |
|  | **End Date:**  *Unless otherwise specified, the end date will be 2050* | |
|  | **Unspent Funds:**  Researcher may keep funds after end date  Funds to be returned to source  *If not specified, unspent funds will be returned to the source after the end date.* | |

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Date Administrator/Approver’s Signature

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Print Name and Title